Exhibit 36

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Comment on FR Doc # 2022-13734

Posted by the **Department of Education** on Nov 6, 2022

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Comment

To the Office for Civil Rights:

We submit this comment on behalf of Genspect, (www.genspect.org) to communicate our issues with the United States Department of Education's proposed amendments to the regulations implementing Title IX of the Education Amendments of 1972 (the "proposed amendments"). We are specifically concerned about the proposed amendment's treatment of the concept of "gender identity" in this document.

Genspect is an alliance of professionals, parent groups, trans people and detrans people. We seek to provide a rational approach to gender despite the heightened discourse in this arena. We have serious concerns about the currently popular "gender-affirmative" approach to gender and we seek higher quality care for young people. We are independent and have no religious or political affiliations.

We are concerned that the proposed amendments do not define the concept "gender identity" and therefore this is open to misinterpretation. Secondly, we believe that the proposed system that will enable children to "self-identify" and mandates that schools "socially transition" children without clinical supervision and/or parental consent is deeply inappropriate and will lead to further problems such as triangulation, and the concretisation of an identity which is still undergoing formation. Thirdly, we think the emphasis on the "affirmative care" model of psychotherapy is reckless as this is a new approach that has no high quality evidence-base and the treatments involved are experimental. Fourthly, we would like to draw attention to the importance of including the family when making decisions involving children and to ignore parental input is authoritarian. Finally, the lack of attention given to the possibility of desistance and detransition in these amendments is exclusionary and needs to be rectified.

We would like to take this opportunity to draw attention to the latest developments in Europe where the most progressive countries with regards to gender, Sweden, Finland, France and the United Kingdom have all taken the decision to move away from the gender-affirmative approach and instead to value conventional talk therapy as a means to help gender-distressed children.

Genspect

Brief Guidance for Schools

CELEBRATING DIVERSITY

Today's school communities include gender non-conforming students and students with different sexual orientations. This gives schools a wonderful opportunity to celebrate diversity and uniqueness, to empower young people to transcend stereotypes, and to encourage everyone to be themselves.

SEXUAL ORIENTATION AND GENDER IDENTITY

Sexual orientation refers to whether a person is romantically or sexually attracted to people of the same or the opposite biological sex. Sexual orientation describes how you feel about other people; for example whether you are heterosexual, gay, lesbian or bisexual – or even asexual.

Gender identity and gender expression refer to whether people feel that their birth sex aligns with stereotypically masculine or feminine traits and behaviors, and how they wish to express themselves and be seen in society. Gender identity describes how you feel about yourself – for example, whether you identify as transgender or non-binary.

Not everyone feels they have a gender identity, but we all seem to have a sexual orientation. Most of us discover this during adolescence, and it usually endures for the rest of our lives. I It is important to note that some people have described how they utilized their gender identity as a form of sexual repression, due to unacknowledged feelings of internalized homophobia.

SEX AND GENDER

Sex relates to biology and the two sexes: male and female. We all have chromosomes (XY for males and XX for females*) within almost every cell of our bodies and our brains, determining our physical development along male or female pathways.

Sex differences are important, and are acknowledged within society, whether in single-sex toilets, changing-rooms and accommodation, or most sports. Within schools, sex is also significant in biology lessons and within curricular materials on sex education.

Gender relates to culturally influenced, masculine and feminine societal expectations of behavior, aptitudes and appearance based upon sex.

It is gender, not sex, which influences school policies regarding uniforms, hair-length, jewelry and make-up. Gender can also influence assumptions we make about what recreational activities boys or girls will prefer, and what academic strengths boys and girls will have.

*Although all people are born either male or female, some people have different chromosome combinations which, on very rare occasions, can make it more challenging to ascertain which sex they are at birth. People who are born with these differences are described under the umbrella term of Differences of Sexual Development (DSDs), previously known as "intersex". There are over 40 unique and rare medical conditions that can impact sex development in males and females. Find out more.

TRANSGENDER IDENTIFICATION AND GENDER DYSPHORIA

Many people who feel that their gender does not align with their sex identify as transgender or non-binary. Some people who identify as transgender or non-binary experience "gender dysphoria," a severe type of distress or impairment in functioning due to a feeling of misalignment between gender and sex.

There is no equivalent condition to gender dysphoria experienced in terms of sexual orientation. For example, there is no equivalent condition experience by people who are lesbian, gay or bisexual.

Historical evidence shows that when gender dysphoria presents in childhood, most cases resolve naturally, with 61%-98% of children reidentifying with their biological sex during puberty. No studies to date have evaluated the natural course and rate of gender dysphoria resolution among the new cohort of adolescents presenting with adolescent-onset gender dysphoria.

In recent years, the number of young people being referred to specialist clinics for gender dysphoria has increased dramatically. Many with gender dysphoria also have Autism Spectrum Disorder (ASD) or ADHD diagnoses. Other mental health diagnoses and childhood trauma also occur at higher rates among those with gender dysphoria. This is a significantly under-researched and fast-growing phenomenon; this is why we encourage a cautious and compassionate approach.

We believe that this new phenomenon of large numbers of young people questioning their gender is best described as "Rapid Onset Gender Dysphoria". This description, coined in 2018 by American public health researcher Lisa Littman, provides what we believe is the best account of the new cohort of gender-questioning adolescents. While it is not a diagnosis, this description factors in the strong role of social influence among these children, as well as the significant levels of comorbidities (co-occurring conditions and diagnoses).

While the term is not universally accepted, the research upon which it is based has stood the test of substantial academic scrutiny.

AFFIRMATION AND SOCIAL TRANSITION

Many transgender organizations advise schools to "affirm" students' gender identities by using the names and pronouns students request, and letting students use the bathroom that matches their gender identity. This is known as social transition.

While well-intentioned, affirming a student's gender identity or publicly celebrating a transgender student's courage are not neutral actions: they can unintentionally influence students' identity formation. Identity formation is an important psychosocial stage of development for young people between 12 and 25 years old.

The role of the school is to foster a tolerant and caring approach to all students and to ensure that there is no bullying or hostility towards any student. It is not the role of the school to influence identity formation. Social transition is a powerful psychotherapeutic intervention and so it should not be carried out without clinical supervision.

AFFIRMATION AND THERAPY

We have serious concerns about affirmation-only therapy, which we believe forecloses other options for the therapeutic client. While it is important to affirm the depth of the young person's feelings, affirmation can stray into confirmation unless the therapist retains the ability to explore the whole picture. Affirmative-only therapists use a model which prevents them from taking a depth-perspective of the young person's feelings. This risks glossing over other factors which may be causing them to question their gender identity. We strongly believe that therapists' hands should not be tied in this way.

MEDICAL TRANSITION

Children and young people with gender dysphoria who socially transition are more likely to continue to feel unhappiness with their birth sex, and go on to medical interventions including puberty blockers, cross-sex hormones and surgery. As social transition is a therapeutic intervention that increases the likelihood of medical transition, schools must liaise with parents to ensure this is an appropriate step to take.

Over 95% of young people with gender issues who take medication to delay the progression of puberty of their birth sex go on to take cross-sex hormones. Recent reviews of the latest research on medical interventions for gender-dysphoric youth in the UK (see also here and here), Finland and Sweden found that the evidence of the benefits of these treatments did not outweigh their risks.

The gender identity affirmative approach is a new approach to gender, and is not supported by any long-term evidence. Some people are very positive towards this approach; some are very negative. A recent legal case in the UK analyzed 3000 pages of evidence and found that puberty blockers should not be prescribed without considerable caution.

The sharp rises in the number of people detransitioning has not yet been analyzed. A recent study shows that the causes of gender distress may only become clear with the benefit of hindsight: factors such as trauma and unmetabolized grief may have profound effects on young minds.

Research has found that many patients with childhood-onset gender distress who are not treated with affirmative social transition or medical interventions grow up to be lesbian, gay or bisexual.

SUICIDE

Every suicide is a terrible tragedy.

Young people suffering from gender dysphoria are an extremely vulnerable group deserving of support. Although high suicide rates among people who identify as transgender are frequently mentioned, the data show that suicidality rate among young people referred for gender issues is about the same as those referred for other mental health difficulties. In other words, suicide statistics are misused.

There is currently no evidence showing that social or medical transition reduces the risk of suicide among young people with gender dysphoria.

Young people are particularly susceptible to suicide contagion; the adults around them should therefore avoid any speculation about direct links to a single cause or "trigger" for a suicide. Speaking responsibly about suicide is an acquired skill. Teachers worried about this can complete suicide skills programs to ensure that they are well-equipped to deal appropriately with this complex matter.

- Toilets, changing rooms and sports activities can be very challenging. Menstruation anxiety causes serious shame for females, and so females often seek the privacy of the single-sex toilet. However, single-sex toilets cause serious anxiety for gender dysphoric youths. We recommend that schools should provide a single occupancy space for children with gender dysphoria. This is not necessarily easy, but some creative options can be explored to meet this issue.
- Uniforms can also cause distress, as students may request permission to wear opposite sex uniforms. We recommend that schools offer a flexible approach to uniforms.
- Activities which require students to sleep away from home can be fraught. It is recommended that residential dormitories remain single-sex; however, all students must be freely given a realistic option as to whether they wish to partake in these activities.
- Social transition is a powerful therapeutic intervention that should not be undertaken without clinical supervision. School authorities need to maintain professional records according to the legal requirements. This helps to avoid confusion in correspondence and communications. Names might be changed – students have used alternative names for generations – but this does not mean that educators are forced to accept these name changes. This is a matter between the educators, the parents, the relevant mental health professionals, and the student.
- Schools should liaise with parents before any social transition takes place, as this is an intervention with far-reaching consequences.
- Pronouns have recently become a controversial issue. Schools have never before changed pronouns for students and the long-term impact of this policy remains unknown. Young people who are exploring their gender identity might be exploring their sexual orientation and their overall identity simultaneously. This is a period of flux and uncertainty for the young person, and it is seldom helpful for adults to concretize every idea and belief of the child.
- Educators should affirm students' emotions and beliefs, and it is certainly important to affirm and to support students to express themselves in an open-minded setting. However, affirming is not the same thing as confirming.
- Students' defenses can manifest through a fixation on language. This may require a robust but understanding and flexible approach from the educator.
- The language and terminology involved in gender-related issues is constantly changing, and this may lead educators to the mistaken belief that they do not understand the issues at hand. It is helpful to take some time to learn the language, terminology and acronyms, so these do not become superficial obstacles to the provision of appropriate support.
- A cautious, least-invasive-first approach is mirrored in general clinical best practice, and it is recommended that educators take a similarly cautious approach.
- Educators should be aware that gender dysphoria is highly likely to occur with comorbidities, such as ASD, ADHD, anxiety and other conditions.
- Schools should provide suicide skills training so that educators do not inadvertently increase the risk of suicide.
- As teenagers experiencing gender dysphoria mature and progress through adolescence and into adulthood, the majority of them might be able to one day accept and happily live with their biological sex, adult body and sexual orientation. This is why we advocate for a cautious, non-interventionist approach for children.

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